

FORM 10. PROOF OF CLAIM

United States Bankruptcy Court District of Idaho	PROOF OF CLAIM
In Re: (Name of Debtor) Sawtooth Enterprises, Inc.	Case Number: 96-03050
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.	
Name of Creditor (The person or entity to whom the debtor owes money or property)	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and Addresses Where Notices Should be Sent Associates Commercial Corporation P.O. Box 141029 Irving, Texas 75014-1029 Telephone Number: 972-541-3300	

**UNITED STATES COURTS
DISTRICT OF IDAHO**

MAR 10 1997

M. REC'D
LODGED FILED *[Signature]*

Account or Other Number By Which Creditor Identifies Debtor 97-01076-0/1366778	Check here if this claim <input type="checkbox"/> replaces previously filed claim, dated ____. <input type="checkbox"/> amends
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1. BASIS FOR CLAIM <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly) Contract Interest Rate 12.52%	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensations for services performed from _____ to _____ <div style="text-align: center;">(date) (date)</div>
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2. DATE DEBT WAS INCURRED 11/30/95	3. IF COURT JUDGMENT, DATE OBTAINED
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4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as on or more of the following: 1. Unsecured nonpriority, 2. Unsecured priority, 3. Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM.

<input checked="" type="checkbox"/> SECURED CLAIM \$ 27,823.13 + Int. @12.52% Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input checked="" type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (describe) Amount of arrearage and other charges included in secured claim above, if any \$ 310.45 (accrued Pre-pet Late Charges) <input type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ _____ A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.	<input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____ Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$2000), earned but not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, which ever is earlier - 11 U.S.C. § 507 (a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - U.S.C. § 507 (a)(4) <input type="checkbox"/> Up to \$900 of deposits toward purchase, lease, or rental property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(6) <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507 (a)(7) <input type="checkbox"/> Other - 11 U.S.C. §§ 507(a)(2), (a)(5) - (Describe briefly)
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5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:	\$ _____ (Unsecured)	\$ <u>27,823.13 + Int.</u> <u>@12.52%</u> (Secured)	\$ _____ (Priority)
\$ <u>27,823.13</u> Plus costs and fees to be determined (TOTAL)			

☐ Check this box if claim includes prepetition charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges

6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purposes of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.
7. SUPPORTING DOCUMENTS: Attached copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.
8. TIME-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.

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Date February 27, 1997	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <div style="text-align: center;"> Voy Andrews/Bankruptcy Specialist </div>
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